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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

GASI PITTER

FILED
3/3/2014

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

14CV0443
JUDGE KENNELLY
MAGISTRATE JUDGE FINNEGAN

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

DR. JACQUELINE MITCHELL,

DR. SAFFOLD, DR. GARG, DR.

BROOKS, STATE OF ILLINOIS,

ILLINOIS DEPARTMENT OF

CORRECTIONS, CORRECTIONAL

OFFICERS JOHN DOE 1-3

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: GASI PITTER

B. List all aliases: None

C. Prisoner identification number: R 13046

D. Place of present confinement: STATEVILLE CORRECTIONAL CENTER

E. Address: P.O. BOX 112, JOLIET, ILLINOIS 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: DR. JACQUELINE MITCHELL
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS

B. Defendant: DR. SAFFOLD
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS

C. Defendant: DR. GARG
Title: DOCTOR/DENTIST
Place of Employment: ILLINOIS DEPARTMENT OF CORRECTIONS

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. DEFENDANT: DR. BROOKS

TITLE: DOCTOR/DENTIST

PLACE OF EMPLOYMENT: ILLINOIS DEPARTMENT OF CORRECTION

E. DEFENDANT: STATE OF ILLINOIS

TITLE: STATE

PLACE OF EMPLOYMENT: ILLINOIS'

F. DEFENDANT: ILLINOIS DEPARTMENT OF CORRECTIONS

TITLE: CORRECTIONAL INSTITUTION

PLACE OF EMPLOYMENT: STATE OF ILLINOIS

G. DEFENDANT: JOHN DOE I-3

TITLE: CORRECTIONAL OFFICERS

PLACE OF EMPLOYMENT: STATEVILLE CORRECTIONAL CENTER OF IDOC

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

WHEREFORE, PLAINTIFF GASI PITTER, RESPECTFULLY REQUEST THE HONORABLE COURT TO ENTER JUDGMENT IN HIS FAVOR AND AGAINST DEFENDANTS DR. JACQUELINE MITCHELL, DR. SAFFOLD, DR. GARG, DR. BROOK, STATE OF ILLINOIS, ILLINOIS DEPARTMENT OF CORRECTIONS, AND JOHN DOE 1-3 FOR COMPENSATORY AND PUNITIVE DAMAGES, COST AND ATTORNEY'S FEES IN ACCORDANCE WITH 42 U.S.C. SECTION 1988; AND GRANT SUCH OTHER RELIEF THAT IT DEEMS IS JUST AND PROPER.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12 day of OCT, 20 13

Gasi Pittier #13046
(Signature of plaintiff or plaintiffs)

Gasi Pittier #13046
(Print name)

#13046
(I.D. Number)

Po Box 112

Joliet IL 60434

Stateline P.C.
(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEEXHIBIT A
ET29

Date: 10-8-12	Offender: (Please Print) <u>Gasi Pitter</u>	GRIEVANCE ID NUMBER <u>R130416</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	<u>3714</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: <u>10 18 12</u> Date of Report Facility where issued <u>Stateville CC</u> <input type="checkbox"/> Disability <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify): _____		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.</p> <p>Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.</p> <p>Chief Administrative Officer, only if EMERGENCY grievance.</p> <p>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, Involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>on 9-14-12 I attended an dentist appointment to have my bottom front teeth filled. Doctor mitchell along with her assistant was the only two slaves on duty. She ask her assistant to place me (me Pitter) in the chair next to her chair because she already had someone in her chair. As she was finishing up on her first client her assistant left for lunch. She started working on my teeth and the <u>drill</u> kept going off on its own without her pressing the button. After a few attempt of tweaking and trying the <u>drill</u> went off and chip my teeth to where my nerve is now exposed. When her assistant came back she told her to "move me (me Pitter) to her chair because the <u>drill</u> kept going off on its own to where it chip his teeth. I can't work like this" so I move to her regular chair like I was told and she proceed to do her job. About 4 or 5 hours later after the nummers</u></p>		
<p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>Gase Pitter</u> <u>R130416</u> <u>10 18 12</u></p> <p>Offender's Signature ID# Date</p> <p>(Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)		
Date Received: <u>10,29,12</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: <u>I sign. Received you were seen in dental on 9-14-12 about 11:00 last week or so.</u></p> <p><u>Sander</u> <u>Sander</u> <u>11,12,12</u></p> <p>Print Counselor's Name Counselor's Signature Date of Response</p>		

EMERGENCY REVIEW		
Date Received: <u>10,19,12</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		<u>Marcus Harg</u> <u>10,24,12</u>
<u>RECEIVED</u>	Chief Administrative Officer's Signature	
DEC 20 2012 Distribution: Master File; Offender	Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

(teeth)
 goes away, i tried to drink some water but my ~~mouth~~^(mouth) was very sensitive and hurting. i waited a couple days to make sure ~~that~~^(teeth) but it was getting worse to the point where i couldn't eat and i couldn't let the air get into my mouth because it would hurt real bad. i ask Lt. Brown to call the next morning 9-17-12 and was told to report at noon. Doc. Mitchell tried to fix the problem and told me "i'll call you back in 4 weeks to see if we made any progress. However, after about two weeks the filling fell out at work in which i showed it to my supervisor Vanson and Harris. That same teeth was still sensitive to air before the filling came out and i had to use my finger to push it back in.

once again i asked Lt. Brown to call Doc. Mitchell and he said "he spoke to a male doc and he said he's going to check my file". The following day i asked Sgt. Nash to call and he was told "There wasn't any dentist working on 10-6-12 i went for a physical and saw Doc. Mitchell walking by. i explain to her that my filling came out, and i'm in a lot of pain and i can't eat. i also told her my Sgt. from i-house try calling and to no avail. The officer told me to step in the bullpen and as i stepped inside the bullpen the Doc. Mitchell walked away.

Action Requested: Please! i just want my teeth fix properly because this pain is ever bearing. Please!

Respectfully,
 Gary Pittie
 R3046 E-129

DEC 24 2012

Date: 10-23-12	Offender: (Please Print) Gasi Pitter	ID#: 213046
Present Facility: Stateville CC	Facility where grievance issue occurred: Stateville CC	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: <u>10/23/12</u> Stateville C.O. Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: <u>on Sep 14-2012 i attended the dentist to have my lower front teeth filled. Upon entering the dentist office dr. mitchell, who was working alone with her assistant, told her assistant to put me in the chair to the left of her chair. She had an inmate in her chair at the time that she was working on. As she was about finish with her first client, her assistant left for lunch so now she was working alone. After finishing with her first client, she started working on my teeth. However, the <u>drill</u> wasn't working properly because she kept complaining. Upon her assistant return she told her relief requested: "put mr Pitter in my chair because the air hose over here is messin up. I can't suck with this (Hose) & kept going off on its own, chipping his (mr Pitter) teeth and stuff.</u>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
 Offender's Signature		<u>R. Botic</u> ID# <u>10/23/12</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)	
Date Received: 11/11/12	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: A copy of this grievance will be forwarded to the Health Care Unit for review/response. Do not send out copies; you will receive a formal reply from the grievance office once they have heard back from the Health Care Unit.</p>	
Santos Print Counselor's Name	Santos, S. Counselor's Signature
11/15/12 Date of Response	

EMERGENCY REVIEW	
Date Received:	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance In the normal manner.
Chief Administrative Officer's Signature / / Date	

After leaving the Dentist, the numness wore off a few hours later and one of my fillings was very sensitive to the air and anything applied by mouth such as cold water. I waited a few days to make sure i wasn't overreacting and the pain was getting worst. I spoke to Lt. Brown and he called and spoke with Dr. Mitchell who said i showed report at i believe 2:00pm Sep 17-2012. I report to Dr. Mitchell and she worked on my teeth for the second time. I told her that i can see where its chip down in the gum and it felt like a needle or piece of some thing. After working on my teeth, she told me she will "make an appointment for me to come back in four weeks. However, my teeth is still hurting more so when i eat or drink, and few days later the filling fell out. I showed it to my supervisor Harris and Wilson before using my finger to push it back in my teeth. I ask Lt. Brown to call Dr. Mitchell but to no avail. I then speak to Sgt. Nash who also tried to reach Dr. Mitchell still to no avail. I went for a regular checkup a couple days or few days later and saw Dr. Mitchell and her assistant walked in. I explain to her the situation. C/o numness asked me to step in the Bull pen. As i step inside the Bull pen Dr. Mitchell and her assistant walked away.

This is my second grievance. I send an emergency grievance to Warden Hardy and i still havent gotten any response or seeing the Dentist to have my teeth fixed. I'm still in pain, its still hard for me to eat or drink, and i need help please!

Relief requested! For my teeth to be fixed and not having Dr. Mitchell work on my mouth for the third time.

THANK you for your time and have A NICE DAY.
Respectfully,

Gariell

#B13046 UNIT-E-129

(EXHIBIT-C).

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

E129

Date: 12-01-12	Offender: (Please Print) <u>Gasi Pittet</u>	ID#: R13046
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	<i>No</i>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disability <input type="checkbox"/> Disciplinary Report: <u>12 01 12</u> <u>Stateville C.C.</u> <input type="checkbox"/> HIPAA <small>Date of Report</small> <small>Facility where issued</small> <input type="checkbox"/> Other (specify): _____		
<small>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</small> <small>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakdown Record, etc.) and send to:</small> <small>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.</small> <small>Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.</small> <small>Chief Administrative Officer, only if EMERGENCY grievance.</small> <small>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</small>		
<small>Brief Summary of Grievance:</small> <u>on Sep 14-2012 I went to the dentist to have two fillings complete. on this day Dr. mitchell and her assistant was working by themselves. She told assistant to put me in the chair next to hers because she was working on someone in her chair. As she got finished with the inmate in her chair her assistant left on lunch break. Dr. mitchell started working on me (me Pittet) tooth, the drill started going on and off on its own. So continued working and Complaining about the broken drill, her assistant returned from her break. She. Dr. mitchell told her assistant, "we need to move me Pittet to my Chair, Cause i Cant work like this"</u> <small>Relief Requested:</small> <u>"The Drill kept going off and Chipping his teeth and stuff"</u> <u>After leaving the dentist, a few hours later my teeth felt really sensitive. and it hurts when i eat, drinking water when the air gets</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Gasi Pittet</u> <small>Offender's Signature</small>		<u>R13046</u> <u>12/01/12</u> <small>ID# Date</small>
<small>(Continue on reverse side if necessary)</small>		

Counselor's Response (If applicable)

Date Received: 12/01/12 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 18277,
Springfield, IL 62794-8277

Response: _____

(EXHIBIT-L)

GRASSI . PITTER

IDOC#R13046, STATEVILLE CORR. CTR.

P.O. Box 112, JOLIET, IL, 60434

DECEMBER 16, 2012

MS. COLLEEN FRANKLIN, CC II
GRIEVANCE OFFICER
STATEVILLE CORR. CTR.
ROUTE 53, P.O. BOX 112
JOLIET, IL, 60434

RE: MEDICAL INCIDENT (DENTAL)

DEAR MS. FRANKLIN:

GREETINGS TO YOU AND YOUR STAFFS. I'M WRITING THIS LETTER REGARDING MY COUNSELOR RESPONSE TO MY GRIEVANCE.

I DON'T AGREE WITH HER RESPONSE BECAUSE SHE SAID "I WAS SEEN BY THE DENTIST LATELY" (NOV 1-2012) WHICH WAS THE FOURTH TIME I SAW THE DENTIST FOR THE SAME (TEETH) IN THREE MONTHS. SEP 17, 2012 - OCT 25-2012

⁽⁴⁾ SEP 14-2012 AND NOV 1-2012... WHERE A FILLING WAS PLACE AROUND THE TEETH BECAUSE THE FILLING KEEP FALLING OUT. THE GAP THAT WAS MADE BY THE DRILL CHIPPING MY TEETH IS TO BIG SO THE DENTIST HAD TO PUT A (RAP-A ROUND) TO HOLD THE FILLING IN PLACE. HOWEVER, THE TOP OF

the RAP Around CRACKED AND STARTED TO COME APART -
IF YOU NOTICE the GAP BETWEEN SEP 17, 2012 AND OCT 25, 2012
WHICH IS OVER A MONTH THE I'VE BEEN COMPLAINING THAT
MY FILLING HAS CAME OUT AND I WAS IN PAIN. I KNOW
EVERYONE IN THE DENTIST DEPARTMENT HAS KNOWLEDGE OF THIS
BROKEN CHAIR, AND I BELIEVE THIS TO BE NEGLIGENCE.

IN Cluded is 4 Copies OF MY GRIEVACES.

THANK you FOR YOUR TIME AND MAY YOUR DAYS BE BLESS
ALWAYS.

RESPECTFULLY:

Gasi Pittier

GASI PITIER

#R13046

Administrative Review Board
Return of Grievance or Correspondence

E129

Offender: P. Her
Last NameFirst Name: Gasi
MI:ID#: R13046

Facility: _____ Sta _____

 Grievance: Facility Grievance # (if applicable) _____ Dated: 10/8/12 or Correspondence: Dated: _____Received: 12/20/12 Date Regarding: med / Dental

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

#1 Provide a copy of your written Committed Person's Grievance, DOC 0046, including the counselor's response, if applicable.

#2 Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.

Provide dates of disciplinary reports and facility where incidents occurred.

Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

Contact your correctional counselor regarding this issue.

Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.

Contact the Record Office with your request or to provide additional information.

Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.

Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.

Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.

This office previously addressed this issue on / / Date .

No justification provided for additional consideration.

Other (specify): Since you and this issue are at the same institution you must first grieve the issue with the institution. You can then appeal that decision with the ARB. To appeal to the ARB you must provide #1 and #2 above within timeframes.

CIRC resp on 11-12-12Completed by: Gina Allen
Print NameSignature: Gina AllenDate: 11/18/13Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 8/2010)

GASI PITTER

IDOC#R13016, STATEVILLE C.C.
P.O. BOX 112 JOLIET, IL. 60434

MS. COLLEEN FRANKIN, CC II
GRIEVANCE OFFICER
STATEVILLE C.C.
ROUTE 63, P.O. BOX 112
JOLIET IL 60434

RE: MEDICAL INCIDENT (DENTAL)

DEAR MS. FRANKIN:

GREETINGS ONCE AGAIN TO YOU AND YOUR STAVES. I'M WRITING THIS SECOND LETTER REGARDING MY FIRST LETTER AND GRIEVANCES THAT I HAVE SENT TO YOU ON 12-16-2013. I HAVEN'T GOTTER ANY RESPOND FROM YOU OR YOUR OFFICE AND I NEED A RESPOND IN ORDER TO PROCESE.

CAN YOU PLEASE RESPOND TO MY COMPLAINT SO I CAN MOVE FORWARD.

THANK YOU AND MAY YOUR DAY BE BLESS!

RESPECTFULLY

GASI PITTER



P.S INCLUDED IS COPIES OF FIRST LETTER AND GRIEVANCES.



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: April 17, 2013

TO: **GRIEVANCE OFFICE**

FROM: Royce Brown-Reed, HCUA

SUBJECT: MEDICAL GRIEVANCE RESPONSE #M156

FIRST

M156 – Per Dr. Jacqueline Mitchell, Dentist grievant Gasi Pitter R13046 has been seen in the Dental Clinic by Dr. Saffold on the following dates: 10/2/2012, 10/25/2012, 11/01/2012, 1/03/2013.

SECOND

*He was seen in the Dental Clinic by Dr. Garg on: 3/1/2013; seen by Dr. Brooks on 1/17/2013; and Dr. Mitchell on 12/12/2012.

JM: abw

cc: File

Facts Reviewed: Grievant claims that he is not receiving proper dental care for a tooth that was chipped by Dr. Mitchell during a dental visit on 9/14/12. He states he is in pain and wants the tooth fixed.

Grievance Officer finds that per Dr. J. Mitchell, Dentist, grievant was in Dental Clinic by Dr. Saffold on the following dates: 10/2/12, 10/25/12, 11/1/12 and 1/3/13. Grievant was seen in the Dental Clinic by Dr. Garg on 3/1/13, seen by Dr. Brooks on 1/17/13; and Dr. Mitchell on 12/12/12.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON/RN recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate dental care at this time.

Anna McBee, CCHI

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/3/13

I concur

I do not concur

Remand

Comments:

5/3/13

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

5-19-13

(EXHIBIT-I).

JOLIET IL 60434

ADMINISTRATIVE REVIEW BOARD

319 E. MADISON ST, SUITE A

SPRINGFIELD, IL 62706

DEAR MR. ALLEN,

GREETINGS TO YOU AND YOUR STAFFS. AND I HOPE YOU ARE ALL BLESS.
(ENCLOSED)
FIRST I MUST THANK YOU FOR RESPONDING TO MY GRIEVANCE. HOWEVER I
JUST RECEIVED A RESPONSE FROM OUR GRIEVANCE OFFICE HERE, REGARDING
THE PAPERS THAT WERE REQUESTED.

I DISAGREED WITH THE RECOMMENDATION MADE EXHIBIT (A) FROM THE
GRIEVANCE OFFICER. THE DATES ARE CORRECT. HOWEVER; 9-11-2012
9-¹⁷-2012, 10-25-2012, 11-1-2012, 12-12-2012. THESE DATES WAS FOR THE
DAMAGED TEETH #1 AND THE OTHER DATES ARE DAMAGE TEETH #2 AND
CLEANING.

THE ISSUE AT HAND STILL HAS NOT BEEN ADDRESSED. THE DATES ABOVE
SHOWED THAT SOMETHING WENT WRONG. FOR ME TO BE SEEING THE DENTIST THIS
MANY TIME ON THE SAME TEETH. IF YOU NOTICE THE GAP IN 9-17-2012
TO 10-25-2012, THAT IS 4 MONTHS PASS SINCE I WAS REQUESTING
MEDICAL ATTENTION BECAUSE THE FILLING CAME APART FOR THE SECOND
TIME AND I COULDNT EAT OR SLEEP. MY SUPERVISORS: WILSON, ~~WILSON~~
REASLER AND MY SGT. NASH AND LT. BROWN TRIED TO GET ME TO DENTAL
BUT NO AVAIL.

THIS INSTITUTION HAVE A PROBLEM WITH HANDLING GRIEVANCES, AS YOU CAN SEE
ITS DATED 9-3-13. HOWEVER, I DIDNT RECEIVE THIS GRIEVANCE UNTIL
9-17-13. THEY DID NOT SEND A COPY OF THE LETTER I SENT THEM BACK
TO ME BUT I KEEP A RECORD OF MY OWN. COPY INCLUDED.

THANK YOU FOR YOUR TIME AND PATIENCE PLEASE HAVE A GREAT
DAY!

Respectfully,

George Pittet
BAS. PITTER R13046

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

GASI PITTER

Plaintiff

VS.

CASE NO. _____

DR. JACQUELINE MITCHELL,

DR. SAFFOLD, DR. GARG, DR. BROOKS,

MARCUS HARDY

JOHN DOE

X

Complaint under the Civil Rights Act, Title 42 section
1983 U.S. Code.

I. Plaintiff: GASI PITTER # R-13046

STATEVILLE CORRECTIONAL CENTER
P.O. Box 612
JOLIET, IL 60434

II. Defendants:

A. Defendant: JACQUELINE MITCHELL

Title: Dentist

Place of Employment: STATEVILLE

E. MARCUS HARDY

EX-WARDEN

STATEVILLE C.C.

B. SAFFOLD

Dentist

STATEVILLE C.C.

f. JOHN DOE

OFFICER 4

STATEVILLE C.C.

C. GARG

Dentist

STATEVILLE C.C.

D. BROOKS

Dentist

STATEVILLE C.C.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A.
N/A.

B. Approximate date of filing lawsuit: N/A.

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
N/A.
N/A.
N/A.

D. List all defendants: N/A.
N/A.
N/A.
N/A.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A.

F. Name of judge to whom case was assigned: N/A.
N/A.

G. Basic claim made: N/A.
N/A.
N/A.

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A.
N/A.
N/A.

I. Approximate date of disposition: N/A.

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. ON OCTOBER 8, 2012, PLAINTIFF FILED A EMERGENCY GRIEVANCE STATING: THAT ON SEPTEMBER 14, 2012, PLAINTIFF HAD A DENTIST APPOINTMENT TO HAVE HIS BOTTOM FRONT TEETH FILLED. DR. MITCHELL ALONG WITH HER ASSISTANT WERE THE ONLY TWO ON DUTY. DR. MITCHELL TOLD HER ASSISTANT TO PLACE PLAINTIFF IN CHAIR, THEN ASSISTANT LEFT AND WENT TO LUNCH.
2. DR. MITCHELL STARTED WORKING ON PLAINTIFF'S TEETH, BUT THE DRILL KEPT STOPPING ON IT'S OWN, WITHOUT THE DOCTOR PRESSING THE BUTTON. HOWEVER, DR. MITCHELL KEEP TRYING TO DRILL INTO TOOTH.
3. AGAIN AND AGAIN THE DRILL STOPPED AND STARTED, AND CHIPPED PLAINTIFF'S TOOTH TO THE NERVE AND EXPOSED PLAINTIFF'S NERVE, PUTING PLAINTIFF IN EXCRUCIATING PAIN.
4. AFTER PAIN MEDICATION WORE OFF, PLAINTIFF COULD NOT

DRINK WATER BECAUSE TOOTH WAS HURTING AND WAS VERY SENSITIVE TO AIR, WATER, TOUCH OR ANY THING, VERY PAINFUL.

5. A COUPLE OF DAYS LATER PLAINTIFF TOOTH WAS GETING WORSE, COULD NOT EAT, AND IN EXCRUCIATING PAIN.

6. ON SEPTEMBER 17, 2013, PLAINTIFF INFORMED THE CELL HOUSE Lt. BROWN ABOUT HIS TOOTH THAT MORNING, HE CALL THE DENTIST AND HAD ME TO REPORT TO DENTAL AT NOON.

7. DR. MITCHELL AGAIN WORKED ON MY TOOTH, SHOT ME WITH PAIN MEDICATION SEVERAL TIMES, AND SAID: "I'LL CALL YOU BACK IN FOUR WEEKS FOR A FOLLOW-UP.

8. HOWEVER, AFTER ABOUT TWO WEEKS, THE FILLING CAME OUT AT WORK IN THE KITCHEN, WHERE I SHOWED MY SUPERVISORS VIASON AND HARRIS, AND TOLD THEM I WAS IN PAIN AND MY TOOTH IS VERY SENSITIVE BEFORE ^{FILLING} THE TOOTH/ CAME OUT.

9. DAYS LATER, ONCE AGAIN PLAINTIFF INFORMED THE CELL HOUSE Lt. BROWN CONCERNING THE PAIN WITH HIS TOOTH. WHERE HE CALLED THE DENTIST AND SPOKE TO A MALE DOCTOR AND HE WOULD CHECK PLAINTIFF'S FILE.

10. THE NEXT DAY, PLAINTIFF COMPLAINED TO SGT. NASH TO CALL TO THE DENTIST AND HE WAS TOLD THERE'S NO DENTIST THAT DAY.

11. ON OCTOBER 6, 2012, PLAINTIFF WAS IN HEALTH CARE FOR A PHYSICAL AND SPOKE TO DR. MITCHELL ABOUT FILLING COMING OUT AND THE PAIN THAT HE WAS IN, AND UNABLE TO EAT. TO NO AVAIL, SHE, DR. MITCHEL WALKED AWAY. (SEE ATTACHED EXHIBIT -A)
12. COUNSELOR'S RESPONSE TO GRIEVANCE ON NOVEMBER 12, 2012, STATING: ISSUE RESOLVED YOU WERE SEEN IN DENTAL ON OR ABOUT THE LAST WEEK OR SO.
13. ON OCTOBER 23, 2013, PLAINTIFF FILED A SECOND GRIEVANCE CONCERNING STILL HAVING DENTAL PROBLEMS, HARD TO EAT OR DRINK AND STILL IN EXCRUCIATING PAIN.
14. COUNSELOR'S RESPONSE DATED NOVEMBER 15, 2012, A COPY OF THIS GRIEVANCE WILL BE FORWARD TO HEALTH CARE FOR REVIEW. DO NOT SEND OUT COPIES: YOU WILL RECEIVE A FORMAL REPLY FROM GRIEVANCE OFFICER ONCE THEY HAVE HEARD BACK FROM HEALTH CARE UNIT. (EXHIBIT -B).
15. ON DECEMBER 1, 2012, PLAINTIFF FILED A THIRD GRIEVANCE CONCERNING SENSITIVE TOOTH, PAIN, AND NOT RECEIVING A RESPONSE FROM OTHER GRIEVANCES ABOUT THIS ON GOING DENTAL PROBLEM. (EXHIBIT -C).
16. STATEVILLE CORRECTIONAL CENTER GRIEVANCE OFFICER AND CHIEF ADMINISTRATIVE OFFICE HAS NOT ANSWERED APPEAL FILED

DECEMBER 16, 2012, MORE THAN 120 DAYS. (SEE EXHIBIT A,B,C).

17. WHILE INCARCERATED IN STATEVILLE CORRECTIONAL CENTER PLAINTIFF DEVELOPED DENTAL CONDITIONS THAT INCLUDES CAVITIES AND CHIPPED TOOTH, WHICH CAUSED SEVERE PAIN.
18. BEGINNING NO LATER THAN SEPTEMBER, 2012, PLAINTIFF REQUESTED DENTAL CARE FOR TOOTH DECAY. IN ACCORDANCE WITH THE IDOC AT STATEVILLE CORRECTIONAL CENTER, POLICIES AND PROCEDURES, PLAINTIFF INFORMED DEFENDANTS ABOUT HIS MEDICAL CONDITION AND REQUESTED TREATMENT.
19. PLAINTIFF RECEIVED A RESPONSE TO HIS INMATE APPEAL FILED ON DECEMBER 16, 2012, SEE EXHIBIT-D, FOUR MONTHS LATER AFTER A SERIES OF GRIEVANCES ON OR ABOUT APRIL 17, 2013. (SEE EXHIBIT-G).
20. DEFENDANT FAILED TO PROVIDE PLAINTIFF WITH THE REQUIRED DENTAL CARE, DESPITE HIS REPEATED COMPLAINTS FILED ABOUT BEING IN PAIN.
21. DEFENDANTS' FAILURE TO TREAT PLAINTIFF CAUSED HIS SERIOUS MEDICAL CONDITION TO BE AGGRAVATED, CAUSE PLAINTIFF TO ENDURE PROLONGED PERIODS OF CHRONIC, SEVERE PAIN, AND TOOTH DECAY.
22. DEFENDANTS DR. MITCHELL, DR. SAFFOLD, DR. GARG, DR. BROOKS, ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC), AND THE STATE OF

ILLINOIS WERE ULTIMATELY RESPONSIBLE FOR ENSURING PLAINTIFF'S SAFETY AND WELL-BEING IN CONNECTION WITH PLAINTIFF'S DENTAL AND ORAL HEALTH DURING HIS INCARCERATION IN IDOC AT STATEVILLE CORRECTIONAL CENTER.

23. BASED ON THIS RESPONSIBILITY, IT IS REASONABLE TO INFER THAT DEFENDANTS WERE PERSONALLY INVOLVED IN THE DENIAL OF ADQUATE DENTAL TREATMENT TO PLAINTIFF UNDER THE EIGHTH AND FOURTEENTH AMENDMENT CLAIMS FOR DEPRIVATION OF CIVIL RIGHTS IN VIOLATION OF 42 U.S.C. SECTION 1983.
24. THE ABOVE DESCRIBED CONDUCT DEMONSTRATES THAT PLAINTIFF SUBMISSION OF NUMEROUS MEDICAL REQUEST FORMS AND INMATE GRIEVANCES FORMS, AS WELL AS RESPONSES BY COUNSELOR THAT DEFENDANTS WERE AWARE OF PLAINTIFF'S SERIOUS DENTAL CONDITION AND RESULTING PAIN BUT EXHIBITED DELIBERATE INDIFFERENCE ~~to~~ ~~plaintiff's~~ TO PLAINTIFF'S SERIOUS MEDICAL AND DENTAL NEEDS IN VIOLATIONS OF HIS RIGHTS UNDER THE EIGHT AND FOURTEENTH AMENDMENTS AND 42 U.S.C. SECTION 1983.
25. AS A DIRECT AND PROXIMATE CONSEQUENCE OF DEFENDANTS' AFOREMENTIONED DELIBERATE INDIFFERENCE ~~to~~ ~~plaintiff's~~ SERIOUS DENTAL NEEDS, PLAINTIFF SUFFERED AND CONTINUES TO SUFFER CHRONIC AND SUBSTANTIAL PAIN, CONTINUES TO ENDURE CRUEL AND UNUSUAL PUNISHMENT, AND SUFFERS MENTAL ANGUISH IN CONNECTION WITH THE DEPRIVATION OF HIS CONSTITUTIONAL AND

STATUTORY RIGHTS GUARANTEED BY THE CONSTITUTION OF THE UNITED STATES AND PROTECTED BY 42 U.S.C. SECTION 1983.

26. PLAINTIFF PITTER IS A CITIZEN OF ILLINOIS AND AT ALL RELEVANT TIMES RESIDED IN THE NORTHERN DISTRICT OF ILLINOIS. PLAINTIFF IS CURRENTLY INCARCERATED AT STATEVILLE CORRECTIONAL CENTER LOCATED IN JOLIET, ILLINOIS.
27. AT ALL RELEVANT TIMES THE STATE OF ILLINOIS IS A SOVENT STATE OF THE UNITED STATES OF AMERICA AND CONTRACTED WITH ILLINOIS DEPARTMENT OF CORRECTIONS TO PROVIDE MEDICAL AND DENTAL SERVICES TO INMATES, INCARCERATED AT STATEVILLE CORRECTIONAL CENTER
28. AT ALL RELEVANT TIMES ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) AT STATEVILLE CORRECTIONAL CENTER CONTRACTED WITH STATEVILLE CORRECTIONAL CENTER TO PROVIDE MEDICAL AND DENTAL SERVICES TO INMATES INCARCERATE AT STATEVILLE CORRECTIONAL CENTER.
29. AT ALL RELEVANT TIMES DR. MITCHELL, DR. SAFFOLD, DR. GARD, AND DR. BROOKS WAS AND ARE THE DENTIST AT STATEVILLE CORRECTIONAL CENTER AND ARE RESPONSIBLE FOR THE DENTAL CARE OF INMATES, AND UPON INFORMATION AND BELIEF DR. MITCHELL, DR. SAFFOLD, DR. GARD AND DR. BROOKS HAS THE RESPONSIBILITIES THAT INCLUDES, BUT NOT LIMITED TO: (A) ASSESSING INMATES, AND DETERMING WHEN THEY ARE IN NEED OF DENTAL CARE; AND (B) IMPLEMENTING, ENFORCING, AND OVERSEEING POLICIES AND PROCEDURES TO ENSURE THAT MEDICAL STAFF PROVIDE

PROMPT AND APPROPRIATE DENTAL TREATMENT TO INMATES, INCLUDING THE POLICIES AND PROCEDURES INVOLVING RESPONSE TO INMATE'S MEDICAL REQUEST FORMS, INMATE GRIEVANCE FORMS AND RECOMMENDATIONS FROM GRIEVANCE OFFICER, CHIEF ADMINISTRATIVE OFFICER AND ADMINISTRATIVE REVIEW BOARD

30. AT ALL RELEVANT TIMES CORRECTIONAL OFFICER JOHN DOE 1-3 ARE EMPLOYED AT STATEVILLE CORRECTIONAL CENTER AND HAVE CONTACT WITH INMATES TO IMPLEMENT, ENFORCE, AND OVERSEEING POLICIES AND PROCEDURES TO ENSURE THAT INMATES ARE PROVIDED PROMPT MEDICAL TREATMENT.

31. PLAINTIFF HAS EXHAUSTED ALL HIS ADMINISTRATIVE REMEDIES, BY FILING HIS GRIEVANCES WITH STATEVILLE CORRECTIONAL CENTER ON OCTOBER 8, 2012. HE FILED AN EMERGENCY GRIEVANCE FILED UNDER NO. 3714, CONCERNING DENTAL AND ON OCTOBER 24, 2012, CHIEF ADMINISTRATIVE OFFICER RESPONDED NOT AN EMERGENCY. RESUBMITTED AND RESPONSE ON NOVEMBER 12, 2012, STATING ISSUE RESOLVED. (EXHIBIT-A).

32. ON OCTOBER 23, 2012, PLAINTIFF FILED ANOTHER GRIEVANCE BECAUSE OF NO RESPONSE FROM FIRST GRIEVANCE FILED ON OCTOBER 8, FILED UNDER NO. M156 AND RESPONSE DATED NOVEMBER 15, 2012. (EXHIBIT-B).

33. ON DECEMBER 1, 2012, PLAINTIFF FILED A THIRD GRIEVANCE, ANOTHER EMERGENCY GRIEVANCE, SIGNED BY CHIEF ADMINISTRATIVE OFFICER INDICATING NOT AN EMERGENCY NATURE, AND NO RESPONSE FROM CONSECOLAR AFTER RESUBMITTED. FILED UNDER NO. 4653. (EXHIBIT-C).

34. ON DECEMBER 16, 2012, PLAINTIFF APPEALED HIS GRIEVANCES TO THE GRIEVANCE OFFICER AT STATEVILLE, BECAUSE OF NOT BEING IN AGREEMENT WITH RESPONSE FROM COUNSELOR. (EXHIBIT-D).

35. PLAINTIFF APPEALED HIS GRIEVANCES TO THE ILLINOIS DEPARTMENT OF OF CORRECTIONS ADMINISTRATIVE REVIEW BOARD, RECEIVED DECEMBER 20, 2012, CONCERNING DENTAL. (EXHIBIT-E).

36. ON APRIL 28, 2013, PLAINTIFF FILED A SECOND APPEAL WITH GRIEVANCE OFFICER AT STATEVILLE BECAUSE OF NO REPLY. (EXHIBIT-F).

37. PLAINTIFF RECEIVED A RESPONSE FROM GRIEVANCE OFFICER DATED APRIL 17, 2013, AFTER FILING HIS SECOND APPEAL. (EXHIBIT-G).

38. ON MAY 3, 2013, GRIEVANCE OFFICER AND CHIEF ADMINISTRATIVE OFFICER RESPONDED TO PLAINTIFF'S GRIEVANCE, RESPONDING "NO ACTION AS GRIEANT APPEARS TO BE RECEIVING APPROPRIATE DENTAL CARE AT THIS TIME." (EXHIBIT-H)

39. THE ADMINISTRATIVE REVIEW BOARD OF THE ILLINOIS DEPARTMENT OF CORRECTIONAL (IDOC) HAS NOT RESPONDED TO PLAINTIFF'S APPEAL FILED MAY 9, 2013. (EXHIBIT-I)

RELIEF:

PLAINTIFF WANTS HIS TEETH EXAMINED AGAIN TO DETERMINE
WHAT EXACTLY WAS CAUSING HIM PAIN, FOR EACH DEFENDANT TO
BE SUED IN THEIR OFFICIAL & INDIVIDUAL CAPACITY, PUNITIVE
& COMPENSATORY DAMAGES ALONG WITH ATTORNEY FEES.

VI. PLAINTIFF DEMANDS THE CASE BE TRIED BY A JURY YES

SIGNED THIS 12 DAY OF OCT 2013

X 

PLAINTIFFS

SIGNATURE

GASI PITTER# R-13046

STATEVILLE CORRECTIONAL CENTER

P.O. Box 112

JOLIET, IL 60434

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

E129

Date: 10-8-12	Offender: (Please Print) Gasi Pitter	GRIEVANCE ID# R13-46
Present Facility: Statenville CC	Facility where grievance issue occurred: Statenville CC	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Disciplinary Report: 10 18 12		3114
Date of Report		Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:		
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.		
Chief Administrative Officer, only if EMERGENCY grievance.		
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: on 9-14-12 - attended an dentist appointment to have my bottom front teeth filled. Doctor Mitchell along with her assistant was the only two slaves on duty. She ask her assistant to place me (me Pitter) in the chair next to her chair because she already had someone in her chair. As she was finishing up on her first client her assistant left for lunch. She started working on my teeth and the <u>drill</u> kept going off on its own without her pressing the button. After a few attempt of trying and trying the <u>drill</u> went off and chip my teeth to where my nerve is now exposed. When her assistant came back she told her to "move me (me Pitter) to her chair because		
Relief Requested: the <u>drill</u> kept going off on its own to where it chip his teeth. I can't work like this. So I move to her regular chair like i was told and she proceed to do her job. About 4 or 5 hours later after the numbing		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Gasi Pitter</u> Offender's Signature		R13-46 ID# 10 18 12 Date
(Continue on reverse side if necessary)		

Date Received: 10,29,12	Counselor's Response (if applicable)	
<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.	
Response: Issue resolved you were seen in dental on 9-14-12 the last week or so.		
Sander Print Counselor's Name	<u>Sander</u> Counselor's Signature	11,12,12 Date of Response

EMERGENCY REVIEW		
Date Received: 10,19,12	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
RECEIVED: <u>Marcus Hargy</u> Chief Administrative Officer's Signature	10,24,12 Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

goes away, + tried to drink some water but my ~~mouth~~^(teeth) was very sensitive and hurting. I waited a couple days to make sure that but it was getting worse to the point where i couldn't eat and i couldn't let the air get in my mouth because it would hurt real bad. I ask Lt. Brown to call the next morning 9-17-12 and was told to report at noon. Doc. Mitchell tried to fix the problem and told me "I'll call you back in 4 weeks to see if we made any progress. However, after about two weeks the filling fell out at work in which i showed it to my supervisor Vanson and Harris. That same teeth was still sensitive to air before the filling came out and i had to use my finger to push it back in.

once again i asked Lt. Brown to call Doc. Mitchell and he said "he spoke to a male Dr. and he said he's going to check my file". The following day i asked Sgt. Nash to call and he was told "There wasn't any Dentist working. On 10-6-12 i went for a physical and saw Dr. Mitchell walking by i explain to her that my filling came out, and im in a lot of pain and i can't eat. + also told her my Sgt. from house try calling and to no avail. The officer told me to step in the bullpen and as i stepped inside the bullpen she Doc. Mitchell walked away.

As I.S requested: Please! + just want my teeth fix properly because this pain is over bearing. Please!

Respectfully:

Ebari Pitts

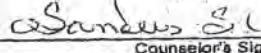
R1346 E-129

REC'D
DEC 2 11 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 10-23-12	Offender: (Please Print) Gasi Pitter	ID#: 813046	
Present Facility: Stateville CC	Facility where grievance issue occurred: Stateville CC		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Disciplinary Report: 10/23/12		Date of Report	Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:			
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, Involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
<p>Brief Summary of Grievance: on Sep 14 2012 i attended the dentist to have my lower front teeth filled. upon entering the dentist office dr. mitchell, who was working alone with her assistant, told her assistant to put me in the chair to the left of her chair. she had an inmate in her chair at the time that she was working on. as she was about finish with her first client, her assistant left for lunch. so now she was working alone. after finishing with her first client, she started working on my teeth. however the <u>drill</u> wasn't working properly because she kept complaining. upon her assistant return she told her over here is messing up. & can't work with this (hose). it kept going off on its own, chipping his (mr pitter) teeth and stuff.</p> <p>Relief Requested: "put mr pitter in my chair because the air hose over here is messing up. & can't work with this (hose). it kept going off on its own, chipping his (mr pitter) teeth and stuff."</p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>			
 Offender's Signature		R3046	10/23/12 Date
(Continue on reverse side if necessary)			

Counselor's Response (if applicable)

Date Received: 11/1/12	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: A copy of this grievance will be forward to the Health Care Unit for review. Do not send out copies; you will receive a formal reply from the grievance office once they have heard back from the Health Care Unit		
Sanders	 Counselor's Signature	11/15/12 Date of Response
Print Counselor's Name		

EMERGENCY REVIEW

Date Received: 1/1/13	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		1/1/13 Date

After leaving the Dentist, the numbness wore off in few hours later and one of my filling was very sensitive to the air and anything applied by mouth such as Cold water. I waited a few days to make sure i wasn't overeating and the pain was getting worst. I spoke to Lt Brown and he called and spoke with Dr. Mitchell who said i should report at i believe 2:00 pm Sep 17-2012. I report to Dr. Mitchell and she worked on my teeth for the second time. I told her that i can see where its chip down in the gum and it felt like a movie is expose or some thing. After working on my teeth, she told me she will "make an appointment for me to come back in four weeks. However, my tooth is still hurting more so when i eat or drink, and few days later the filling fell out. I showed it to my supervisor Harris and Vinton before using my finger to push it back in my teeth. I ask Lt. Brown to call Dr. Mitchell but to no avail. I then speak to Sgt. Nash who also tried to reach Dr. Mitchell still to no avail. I went for a regular check up a couple days or few days later and saw Dr. Mitchell and her assistant walked in. I explain to her the situation. C/o william asked me to step in the Bullpen. As i step inside the Bullpen Dr. Mitchell and her assistant walked away.

This is my second Grievance. I send an emergency Grievance to Warden Hardy and i still havent gotten any response or seeing the Dentist to have my teeth fixed. I'm still in pain, its still hard for me to eat or drink, and i need help please!

Relief requested: For my teeth to be fixed and not having Dr. Mitchell work on my mouth for the third time.

THANK YOU FOR YOUR TIME AND HAVE A NICE DAY.

Respectfully,

Harris

#B13046 UNIT-E-129

(EXHIBIT-C)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

2129

Date: 12-01-12	Offender: (Please Print) <u>Geri Pittet</u>	ID#: 213046
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Disability
<input type="checkbox"/> Disciplinary Report: <u>12 01 12</u>	<input type="checkbox"/> Date of Report	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Other (specify): _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:		
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
<p>Brief Summary of Grievance: <u>on Sep 14-2012 I went to the dentist to have two fillings completed. On the day Dr. Mitchell and his assistant were working by themselves. The tall assistant to put me in the chair next to her because she was working on someone in her chair. As she got finished with the inmate in her chair her assistant left on lunch break. Dr. Mitchell started working on me (Me Pittet). The drill started going on and off on its own. So continued working and complaining about the broken drill, her assistant returned from her break. She Dr. Mitchell told her assistant, "we need to move me Pittet to my Chair, cause i can't work like this."</u></p> <p>Relief Requested: <u>"The Drill kept going off and chipping his teeth and stuff" after leaving the dentist, a few hours later my teeth felt really sensitive and it hurts when i eat, drink or when the air gets</u></p>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Geri Pittet</u> Offender's Signature	<u>213046</u> ID#	<u>12/01/12</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (If applicable)		
Date Received: <u>12/01/12</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: <u>Dr. Pittet is not available to see me. I am awaiting further treatment.</u>	<u>DEC 21 2012</u>	
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW		
Date Received: <u>12/10/12</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance		<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Darcus Hardy</u> Chief Administrative Officer's Signature		<u>12/10/12</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

in my mouth on Sep 17-2012 Lt. Brown spoke with Dr. Mitchell about the situation at hand and she said "have him report to me at 2:00pm after Dr. Mitchell check and tryed to fix the problem, she said "we'll check it in four weeks". About two days later while on my assignment, the filling came out and I showed it to my supervisor Harris and Viron. After many attempts with Lt. Brown, Sgt. Nash, and once with my supervisor to get me some medical attention. But to no avail. After filing a GRIEVANCE, I was seen on Oct 25-2012. At this time, a male dentist worked on my teeth, in which he discover a "culty gap and exposed nerves". He tell me he will have to fit an temporary medical filling and he would see me on NOV 1-2012 or NOV 1-2012 (I was in his chair and he tried his best to fix my teeth. However it's still sensitive and pain when i drink fluids.)

(for 10-26-12)

Guardian hardly deem my Grievance none emergency, so I send to it Counselor Sanders on the said night of Oct 26-2012, until today there is still no response to such Grievance. I have seen Counselor Sanders twice since Oct 26-2012 and she said she believed that she sign off on the Grievance and it's in the mail. Stateville has been known to hold Grievance up to on get to discourage us from pursuing our rights to justice.

After the fourth time been in my mouth and place a paper around on my teeth, it still hasn't work and the paper around started to chip away.

RELIEF REQUESTED: TO BE COMPENSATED FOR THE DAMAGE OF MY TEETH. \$80,000

THANK YOU AND MAY YOUR DAYS BE BLESS.

RESPECTFULLY
Hass Pitter

GRASI PITTER

IDOC#R13046, STATEVILLE CORR. CTR.

P.O. Box 112, JOLIET, IL, 60434

DECEMBER 16, 2012

MS. COLLEEN FRANKLIN, EC II
GRIEVANCE OFFICER
STATEVILLE CORR. CTR.
ROUTE 53, P.O. BOX 112
JOLIET, IL, 60434

RE: MEDICAL INCIDENT (DENTAL)

DEAR MS. FRANKLIN:

GREETINGS TO YOU AND YOUR STAVES. I'M WRITING THIS LETTER REGARDING MY COUNSELOR RESPONSE TO MY GRIEVANCE. I DON'T AGREE WITH HER RESPONSE BECAUSE SHE SAID "I WAS SEEN BY THE DENTIST LATELY" (NOV 1-2012) WHICH WAS THE FOURTH TIME I SAW THE DENTIST FOR THE SAME (TEETH) IN THREE MONTHS. SEP 17, 2012 - OCT 25-2012 (1)⁽²⁾ SEP 14-2012 AND NOV 1-2012... WHERE A FILLING WAS PLACE AROUND THE TEETH BECAUSE THE FILLING KEEP FALLING OUT. THE GAP THAT WAS MADE BY THE DRILL CHIPPING MY TEETH IS TO BIG SO THE DENTIST HAD TO PUT A (RAP-A ROUND) TO HOLD THE FILLING IN PLACE. HOWEVER, THE TOP OF

the raparound CRACKED AND STARTED TO COME APART.
IF YOU NOTICE the GAP BETWEEN SEP 11,2012 AND OCT 25, 2012
WHICH IS OVER A MONTH THE I'VE BEEN COMPLAINING THAT
MY TILLING HAS CAME OUT AND I WAS IN PAIN. I KNOW
EVERYONE IN THE DENTIST DEPARTMENT HAS KNOWLEDGE OF THIS
BROKEN CHAIR, AND I BELIEVE THIS TO BE NEGLIGENCE.

IN Cluded is ~~a~~ Copies OF MY GRIEVANCES.

THANK You FOR YOUR TIME AND MAY YOUR DAYS BE bLESS
ALWAYS.

RESPECTFULLY:

Gasi Pittier

GASI PITIER

#R13046

Administrative Review Board
Return of Grievance or Correspondence

E129

Offender:

P. Her
Last NameGasi
First NameR13046
MI ID#

Facility:

Sta Grievance: Facility Grievance # (if applicable) _____ Dated: 10/8/12 or Correspondence: Dated: _____Received: 12/20/12 Regarding: Med / Dental

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

#1 Provide a copy of your written Committed Person's Grievance, DOC 0046, including the counselor's response, if applicable.

#2 Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.

Provide dates of disciplinary reports and facility where incidents occurred.

Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

Contact your correctional counselor regarding this issue.

Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.

Contact the Record Office with your request or to provide additional information.

Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.

Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.

Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further

This office previously addressed this issue on 1/1 Date _____

No justification provided for additional consideration.

Other (specify): Since you and this issue are at the same institution you must first grieve the issue with the institution. You can then appeal that decision with the ARB. To appeal to the ARB you must provide #1 and #2 above within timeframes.

CIRC resp on 11-12-12

Completed by: Gina Allen

Print Name

Gina Allen118 V3

Signature

Date

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 8/2010)

GASI PITTER
IDOC#R13016, STATEVILLE C.C.
P.O. Box 112 JOLIET IL 60434

MS. COLLEEN FRANKIN, CC II
GRIEVANCE OFFICER
STATEVILLE CC
ROUTE 63, P.O. BOX 112
JOLIET IL 60434

RE: Medical Incident (DENTAL)

DEAR MS. FRANKIN:

GREETINGS ONCE AGAIN TO YOU AND YOUR STAFFS. I'M WRITING THIS SECOND LETTER REGARDING MY FIRST LETTER AND GRIEVANCES THAT I HAVE SENT TO YOU ON 12-16-2012. I HAVEN'T GOTTER ANY RESPOND FROM YOU OR YOUR OFFICE AND I NEED A RESPOND IN ORDER TO PROCEED.

CAN YOU PLEASE RESPOND TO MY COMPLAINT SO I CAN MOVE FORWARD.

THANK YOU AND MAY YOUR DAY BE BLESS!

RESPECTFULLY

GASI PITTER



P.S INCLUDED IS COPIES OF FIRST LETTER AND GRIEVANCES.



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: April 17, 2013

TO: GRIEVANCE OFFICE

FROM: Royce Brown-Reed, HCUA

SUBJECT: MEDICAL GRIEVANCE RESPONSE #M156

FIRST

M156 – Per Dr. Jacqueline Mitchell, Dentist grievant Gasi Pitter R13046 has been seen in the Dental Clinic by Dr. Saffold on the following dates: 10/2/2012, 10/25/2012, 11/01/2012, 1/03/2013.

SECOND

* He was seen in the Dental Clinic by Dr. Garg on: 3/1/2013; seen by Dr. Brooks on 1/17/2013; and Dr. Mitchell on 12/12/2012.

JM: abw

cc: File

Facts Reviewed: Grievant claims that he is not receiving proper dental care for a tooth that was chipped by Dr. Mitchell during a dental visit on 9/14/12. He states he is in pain and wants the tooth fixed.

Grievance Officer finds that per Dr. J. Mitchell, Dentist, grievant was in Dental Clinic by Dr. Saffold on the following dates: 10/2/12, 10/25/12, 11/1/12 and 1/3/13. Grievant was seen in the Dental Clinic by Dr. Garg on 3/1/13, seen by Dr. Brooks on 1/17/13; and Dr. Mitchell on 12/12/12.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON/RN recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate dental care at this time.

Anna McBee, CCII

Print Grievance Officer's Name

Anna McBee Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/3/13

I concur

I do not concur

Remand

Comments:

J. McBee 5/3/13

Chief Administrative Officer's Signature

5/3/13

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

9-17-13

DET IL 60434

ADMINISTRATIVE REVIEW BOARD
319 E. MADISON ST, SUITE A
SPRINGFIELD, IL 62704

DEAR MS. ALLEN,

GREETINGS TO YOU AND YOUR STAFFS. AND I HOPE YOU'RE ALL BLESS.
FIRST I MUST THANK YOU FOR RESPONDING TO MY GRIEVANCE. HOWEVER I
JUST RECEIVED A RESPONSE FROM OUR GRIEVANCE OFFICE WRITER, REGARDING
THE PAPERS THAT WAS REQUESTED.

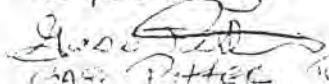
I DISAGREED WITH THE RECOMMENDATION MADE EXHIBIT (A) FROM THE
GRIEVANCE OFFICER. THE DATES ARE CORRECT. HOWEVER; 9-17-2012
9-¹⁷-2012, 10-25-2012, 11-1-2012 12-12-2012. THESE DATES WAS FOR THE
DAMAGED TEETH #1 AND THE OTHER DATES ARE DAMAGE TEETH #2 AND
CLEANING.

THE ISSUE AT HAND STILL HAS NOT BEEN ADDRESSED. THE DATES ABOVE
SHOWED THAT SOMETHING WENT WRONG. DUE ME TO BE SEEING THE DENTIST THIS
MANY TIME FOR THE SAME TEETH. IF YOU NOTICE THE GAP IN 9-17-2012
TO 10-25-2012, THAT IS 4 MONTHS PASS SINCE I WAS REQUESTING
MEDICAL ATTENTION BECAUSE THE DILLING CAME APART FOR THE SECOND
TIME AND I COULDNT EAT OR SLEEP. MY SUPERVISORS MR. NASH,~~AND~~
KRASTNER AND MY SGT. NASH AND LT. BROWN TRIED TO GET ME TO DENTAL
BUT NO AGAIN.

THIS INSTITUTION HAS A PROBLEM WITH HANDLING GRIEVANCES, AS YOU CAN SEE
ITS DATED 9-3-13. HOWEVER; I DIDN'T RECEIVE THIS GRIEVANCE UNTIL
9-17-13. THEY DID NOT SEND A COPY OF THE LETTER I SENT THEM BACK
TO ME BUT I KEEP A RECORD OF MY OWN. COPY INCLUDED.

THANK YOU FOR YOUR TIME AND PATIENCE PLEASE HAVE A GREAT
DAY!

Respectfully,


James Pittman